



DEPARTMENT OF THE NAVY
BOARD FOR CORRECTION OF NAVAL RECORDS
2 NAVY ANNEX
WASHINGTON DC 20370-5100

TJR
Docket No: 8655-00
31 July 2001

[REDACTED]

Dear [REDACTED]

This is in reference to your application for correction of your naval record pursuant to the provisions of Title 10, United States Code, Section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered your application on 31 July 2001. Your allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of this Board. Documentary material considered by the Board consisted of your application, together with all material submitted in support thereof, your naval record and applicable statutes, regulations and policies. In addition, the Board considered the advisory opinions furnished by the Department of Psychiatry, Naval Medical Center, a copy of which is attached.

After careful and conscientious consideration of the entire record, the Board found that the evidence submitted was insufficient to establish the existence of probable material error or injustice. In this regard, the Board substantially concurred with the comments contained in the advisory opinion. The Board noted your contention to the effect that you could have, and should have, been discharged by reason of hardship. However, the Board was also aware that you submitted no evidence to support that contention. Even if you met the criteria for a hardship discharge, the Navy was not precluded from discharging you due to the diagnosed personality disorder.

Accordingly, your application has been denied. The names and votes of the members of the panel will be furnished upon request.

It is regretted that the circumstances of your case are such that favorable action cannot be taken. You are entitled to have the Board reconsider its decision upon submission of new and material evidence or other matter not previously considered by the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official records.

Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

W. DEAN PFEIFFER
Executive Director

Enclosure

DEPT. OF PSYCHIATRY

Naval Medical Center San Diego

San Diego, California 92134-5000

Memorandum

18 June 01

Addressee: Chairman, Board for Correction of Naval Records
Department of the Navy
Washington DC 20370-5100

From: LT Stacy L. Volkert, MC, USNR

Subject: COMMENTS AND RECOMMENDATION IN THE CASE OF [REDACTED]
[REDACTED]

Ref: (a) Docket No. 8655-00

Encl: (1) BCNR File
(2) Service Record
(3) Medical Record

1. The petitioner was diagnosed with "Personality Disorder, Not Otherwise Specified, with Antisocial and Narcissistic traits" on 15 May 1995. He was discharged from the Navy on 08 June 1995 for the convenience of the government, by reason of a personality disorder. He requests that his discharge be changed from an administrative discharge to a hardship discharge. Reference (a) requests a psychiatric review of the petitioner's record, in order to determine whether the diagnosis of a personality disorder was sufficiently substantiated.

2. I will review some of the relevant history:

27 APR-- Petitioner admitted to the medical ward on the USS Theodore Roosevelt for
01 MAY 95 depressed mood with suicidal ideation.

- Petitioner stated that he was "fine" until his wife called on 27 April and told him she was leaving him and their children. He added that if he lost his family, life wasn't worth living.
- Mental status exam significant for suicidal ideation without a specific plan, tearfulness, depressed mood, poor eye contact, and soft speech. There was no homicidal ideation. Insight and judgment were felt to be poor.
- During the petitioner's hospital course, he did "very well," and had a decrease in suicidal ideation. He did not demonstrate insomnia or loss of appetite during the hospitalization.

02 MAY 95 Evaluation by civilian psychologist at medical clinic in Bahrain

- Petitioner endorsed decrease in sleep, appetite, and ability to perform his military duties. He attributed these psychological difficulties to losing his wife and children. His perception was that this loss was directly caused by his being in the Navy. He admitted that he had some similar emotional difficulties in the past, surrounding the loss of a previous romantic relationship.
- Petitioner stated that he hated his parents for divorcing when he was a child. He was very close to his mother until the divorce.
- Petitioner repeatedly drank to the point of intoxication during his junior and senior high school years. Also, he admitted that he continued to drink excessively until he joined the Navy.
- Petitioner was often truant from school. He got into a lot of fights, sometimes “for no reason at all.”
- Mental status exam significant for vague suicidal ideation, which was described by the psychologist as “situational.” Homicidal ideation was not mentioned, but the petitioner expressed fear that he might impulsively harm someone if he were returned to duty on the ship. His appearance was described by the psychologist as “desperate, fearful, and angry.” Insight was felt to be limited.
- Psychologist’s diagnostic impression mentioned that the petitioner was “particularly vulnerable to loss” due to “dependent and other characterological traits,” and dependent personality traits were listed on Axis II.

06 MAY 95 At the time of this follow-up appointment with the civilian psychologist in Bahrain, the petitioner did not have suicidal ideation.

11 MAY 95 Brief evaluation to triage petitioner’s need for an urgent mental health intake evaluation.

- Evaluator did not feel petitioner required an urgent appointment.
- Petitioner was released to Med Hold. A formal mental health intake appointment was scheduled for 30 May.

12 MAY 95 More detailed mental health triage evaluation by above provider.

- Petitioner was impatient with Med Hold and the Mental Health Department, stating once more that he felt the Navy was the cause of his psychological problems. He indicated that he had re-enlisted due to financial problems, not because he liked the Navy.
- He said he could not wait for his scheduled intake appointment on 30 May, because he was afraid he might hurt someone if he had to remain in the Navy any longer. However, he did not express current suicidal or homicidal ideation and was rescheduled for a full intake appointment on 15 May.
- Evaluator did not diagnosis a personality disorder. However, features of Dependent, Narcissistic, and Histrionic personality disorders were listed on Axis II, and the diagnosis of “rule-out personality disorder” was given.

15 MAY 95 Full intake evaluation by psychiatrist.

- Petitioner again stated that the Navy was responsible for his problems. He threatened to hurt people if he was returned to his ship, stating "The Navy hurt me, so I'm going to hurt the Navy."
- He felt that mental health services had "nothing" to offer him and that the only solution for him was to be discharged from the Navy.
- Petitioner endorsed a long history of fear of abandonment.
- Petitioner reported a history of frequent fighting, sometimes causing injury to others. He did not have remorse for these fights, admitting that he sometimes initiated them for no particular reason. He was suspended from high school at least twice, once for fighting and once for consuming alcohol before a school-sponsored event. He ran away from home at least once and hinted that he might have shoplifted during his teenage years.
- Petitioner denied current symptoms of depression, psychosis, and substance abuse. He also denied current suicidal or homicidal ideation.
- Mental status exam significant for lack of insight.
- Diagnosed with "Adjustment Disorder with Depressed Mood (**resolved**); Marital Problem; Personality Disorder Not Otherwise Specified, with Antisocial and Narcissistic traits". Found psychiatrically fit for full duty and accountable/responsible for his actions.

3. In the petitioner's letter requesting a change in status of his discharge, the petitioner indicated that he felt the Navy was interfering in his family life and keeping him away from his children. He contended that the psychologist in Bahrain and the psychiatrist in Portsmouth (from the evaluation on 15 May) believed that he was not fit for duty due to stress surrounding his family situation. He endorsed "a month and a half of continual psychological evaluation." He requested "Please help me make this nightmare go away." He signed the letter as "Taxpaying Civilian".

4. Discussion: Although the mental health professionals evaluating the petitioner did not all give a personality disorder diagnosis, it is noteworthy that each made reference to particular personality disorder traits. Often, on an initial evaluation, the Axis II diagnosis is only listed as "deferred," but none of these providers chose to defer the diagnosis.

The petitioner shows traits of Dependent Personality Disorder, as mentioned on his 02 May evaluation. Also, he has features of borderline, histrionic, narcissistic, and antisocial personality disorders as listed below:

- The petitioner endorsed a long history of fear of abandonment, which is essentially the hallmark of Borderline Personality Disorder.
- His repeated physical fights/assaults and lack of remorse along with a "probable" history of shoplifting and running away from home all suggest a background of conduct disorder and adult antisocial behavior or Antisocial Personality Disorder.
- The petitioner shows one of the most common features of Histrionic Personality Disorder in his occasional dramatization and exaggerated expression of emotion. These traits are demonstrated by his comments in the letter he wrote. Also, there are elements of theatricality in his attention-seeking emphasis of suicidal ideation and need for urgent assistance.
- The petitioner displays a strong sense of entitlement in his insistence that only a discharge from the Navy can help him; also, he is unwilling to wait even a few days to get his psychiatric evaluation despite having only situational suicidal/homicidal thoughts and a lack of symptoms

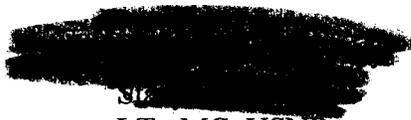
of any major psychiatric disorder. This sense of entitlement also comes across in his letter and is a prominent feature of Narcissistic Personality Disorder.

Individuals with personality disorders in general (without respect to any particular personality disorder) demonstrate marked deviation from sociocultural norms in the areas of cognition, affectivity, interpersonal functioning, or impulse control. The petitioner expressed suicidal ideation in response to a marital crisis; although it may not be rare for persons going through divorce to have suicidal ideation, it is unusual and particularly unusual if it merits ongoing psychiatric attention. This demonstrates a deviation from sociocultural norms in the area of affectivity. Further, the petitioner repeatedly stated that he felt he might impulsively harm someone on the ship if he were returned to his duties. This demonstrates deviation in the area of impulse control. It may be noted that the petitioner's history of fighting and heavy drinking demonstrate a lifelong pattern of poor impulse control.

Individuals with personality disorders often display inflexible responses to stressful situations, showing a lack of ability to adapt or cope. The petitioner persisted in expressing suicidal ideation and thoughts of harming others, without mention of any exploration of other ways to cope, in three separate evaluations. Further, he stated on 15 May that mental health providers had "nothing" to offer him, refusing to even consider alternative solutions to his problems.

Personality disorder traits are pervasive and enduring over a significant portion of an individual's lifetime. The petitioner demonstrated antisocial personality traits during junior high and high school. He also exhibited some dependent and borderline features prior to joining the Navy which persisted at the time of his discharge. Further, he displayed histrionic and narcissistic traits even after discharge from the Navy, expressed in the content of his letter asking for a medical record review.

5. Conclusion: The diagnosis of Personality Disorder, Not Otherwise Specified appears to be accurate.



LT, MC, USNR
Psychiatry Resident



LCDR, MC, USN
Staff Psychiatrist